

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

10622.6802

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,012,171, granted January 11, 2000, and for which a reissue patent is sought on the invention entitled APPARATUS FOR PROTECTION DURING THE USE OF HAIR DYE OR COLORING

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

An error was made in not claiming an absorbent pad and an adhesive member with the adhesive member coming in contact with the forehead area to retain the absorbent pad. The issued claims are too narrow as they require a lining in addition to the absorbent member.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

10622.6802

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s)	Registration Number
DANIEL S. POLLEY, REG. 34,902	BARRY L. HALEY, REG. 25,339
DALE P. DIMAGGIO, REG. 31,823	JEFFREY H. KAMENETSKY, REG. 44,179
JOSEPH R. ENGLANDER, REG. 38,871	

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

Type Customer Number here

Place Customer Number Bar
Code Label here

<input type="checkbox"/> Firm or Individual Name	DANIEL S. POLLEY, ESQ.				
Address	MALIN, HALEY & DIMAGGIO, P.A.				
Address	1936 SOUTH ANDREWS AVENUE				
City	FORT LAUDERDALE	State	FL	Zip	33316
Country	US				
Telephone	(954) 763-3303	Fax	(954) 522-6507		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Jason Altman

Inventor's signature

Jason Altman

Date

12-27-01

Residence

Citizenship

Mailing Address

Full name of second joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

Full name of third joint inventor (given name, family name)

Inventor's signature

Date

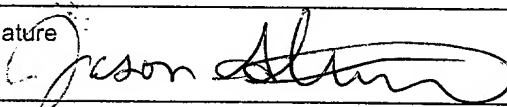
Residence

Citizenship

Mailing Address

☐ Additional joint inventors are named on separately numbered sheets attached hereto

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 10622.6802
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) JASON S. ALTMAN		
Patent Number 6,012,171	Date Patent Issued January 11, 2000	
Title of Invention APPARATUS FOR PROTECTION DURING THE USE OF HAIR DYE OR COLORING		
<p>1. <input type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are _____, and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) JASON S. ALTMAN		
Signature 	Date 12-21-01	
Typed or printed name and title of person signing for assignee (if assigned)		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231